

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-006721

860

STATE FILE NUMBER

AMENDED

Registered District

FILED MAR 7 1962

Primary Registration District No.

1002

Registrar's No.

| | |
|--|-------------|
| DATE AMENDED | |
| INSTEAD OF | |
| AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | |
| ITEM NO. | SHOULD READ |
| BY AFFIDAVIT OF | |

DOCUMENT

MEDICAL CERTIFICATION

Kip Robinson

| | | | |
|---|---|---|-----------------------------|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | c. CITY OR TOWN KANSAS CITY | |
| Length of stay in 1b 35 YEARS | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL | | d. STREET ADDRESS (If outside, give location) 507 WOODLAND AVENUE | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last BERNICE ESTELLE STEBBINS | | 4. DATE OF DEATH Month Day Year FEBRUARY 10, 1962 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5/24/07 |
| 9. AGE (last birthday) 54 | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY - | |
| 11. BIRTHPLACE (City and state or country) ROCKWELL CITY, IA. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME UNKNOWN BICKFORD | | 13b. MOTHER'S MAIDEN NAME CAROLINE POTTS | |
| 14. NAME OF HUSBAND OF DECEASED KENNETH F. STEBBINS | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | |
| 16. SOCIAL SECURITY NO. [REDACTED] | | 17. INFORMANT Address KENNETH F. STEBBINS 507 WOODLAND KANSAS CITY, MO. | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of The Ovary c. metastasis to abdomen. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH 9 months | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) June 1946 to Feb 10, 62 | | 20f. CITY, TOWN, OR LOCATION Feb 10, 62 | |
| 20g. COUNTY KANSAS CITY | | 20h. STATE MISSOURI | |
| 21. I attended the deceased from Death occurred at 1:55 P. m on the date stated above, and to the best of my knowledge, from the causes stated. | | 21. I attended the deceased from Feb 10, 62 and last saw her alive on Feb 10, 62. | |
| 22a. SIGNATURE E. Kip Robinson, M.D. | | 22b. ADDRESS 1718 Professional Bldg. | |
| 22c. DATE SIGNED 2-12-62 | | 22d. DATE SIGNED | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE FEB. 13, '62 | |
| 23c. NAME OF CEMETERY FOREST HILL CEMETERY | | 23d. LOCATION (City, town, or county) KANSAS CITY | |
| 23e. STATE MISSOURI | | 23f. STATE | |
| 24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS | | 25. DATE RECD. BY LOCAL REG. 2-13-62 | |
| 26. REGISTRAR'S SIGNATURE Ruth Long | | 26. REGISTRAR'S SIGNATURE | |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert Ray

Licensed Embalmer No. 4182

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.